NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	Managana Du 0/57012 T
22-5S-17-09322-011	DC,P DeWitt Cason,Columbia County Page 1 of 1 B:1241 P:15
Florida Statutes the following information is provided in the	s will be made to certain real property, and in accordance with Section 713.13 of the his NOTICE OF COMMENCEMENT.  LAKE CITY AIRPARK S/D. ORB 501-797, 593-336, 786-709, UST 856-209, PROB#04-153CP ORB 1017-1903 THRU 1910
a) Street (job) Address: 447 SW AVIAT	ION DRIVE, LAKE CITY, FL
2. General description of improvements: RE-ROOF	
a) Name and address:	, 405 SE HUBBLE STR., LAKE CITY, FL 32025 other than owner)
c) Interest in property OWNER, 100%	
4. Contractor Information a) Name and address: O'NEAL ROOFII	NG COMPANY, P.O. BOX 2166, LAKE CITY, FL 32056  Fax No. (Opt.) (386)755-0240
5. Surety Information	Fax No. (Opt.) (3007733-0240
a) Name and address: N/A	
b) Amount of Bond;	
6. Lender	Fax No. (Opt.)
a) Name and address: N/A b) Phone No.	
7. Identity of person within the State of Florida designated	by owner upon whom notices or other documents may be served:
a) Name and address:	Fax No. (Opt.)
or relephone No.	rax No. (Opt.)
713.13(I)(b), Florida Statutes:	erson to receive a copy of the Lienor's Notice as provided in Section
a) Name and address: b) Telephone No.:	Fax No. (Opt.)
	tion date is one year from the date of recording unless a different date
IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECT IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMI	VINER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED FROM 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR MENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST SULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
STATE OF FLORIDA	A STOR
COUNTY OF COLUMBIA	Signature of Owner's Authorized Office/Director/Partner/Manager
	Printed Name
The foregoing instrument was acknowledged before me, a Flor Rodney Baker as Ov	ida Notary, this 5th day of September 20 12 by:
as O	(type of authority, e.g. officer, trustee, attorney
fact) for	(name of party on behalf of whom instrument was executed).
Personally Known OR Produced Identification Type	CINDY EDGE
Notary Signature Chiefy Tolys	MY COMMISSION 4 EE 188222 EXPIRES: July 20, 2016 Bonded Thru Notary Public Underwriters
<ol> <li>Verification pursuant to Section 92.525, Florida Statu the facts stated in it are true to the best of my knowl</li> </ol>	ites. Under penalties of perjury, I declare that I have read the foregoing and that ledge and belief.
	Haland I

Signature S. Natural erron Signing (in line #10 above.)